

<i>SERFF Tracking Number:</i>	<i>PRLF-126151123</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42485</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Single Case Filing - STD - AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Principal Life Insurance Company	SERFF Tr Num: PRLF-126151123	State: ArkansasLH
Product Name: Single Case Filing - STD - AR	SERFF Status: Closed	State Tr Num: 42485
TOI: H11G Group Health - Disability Income	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: H11G.002 Short Term	Co Status:	Reviewer(s): Rosalind Minor
Filing Type: Form	Author: Jan Majerus	Disposition Date: 06/02/2009
	Date Submitted: 05/27/2009	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested: On Approval		
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 06/02/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/02/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	

Enclosed for your review and approval are copies of the above listed forms, which are being submitted for approval on a single case basis.

A large insured group policyholder located in Arkansas has requested changing their grace period to 60 days and also revised the definition of Weekly Earnings. The changes are italicized on the attached policy and booklet certificate insert pages for your ease in reviewing.

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If approved, these pages will be used for this one case only, with our Group Short Term Disability Insurance Policy forms series GC 4000, et al, (most recently filed and approved March 14, 2002, with various subsequent filing and approval dates for changes). The entire Short Term Disability policy and booklet certificate forms was filed and approved on June 9, 2008.

Enrollment form number GP 56002 is specific to this policyholder is also included. Please note this enrollment form was included in the Group Term Life filing for this policyholder, SERFF Tracking Number PRLF – 125595388 and was approved on June 9, 2008.

No part of this filing contains any unusual or controversial items from normal industry standards.

Thank you for your consideration of this submission. All required certification forms are enclosed.

If you have any questions on any of the attached materials, please feel free to contact me by fax, e-mail or at the toll-free number shown below.

Company and Contact

Filing Contact Information

Jan Majerus, State/Federal Compliance Analyst Majerus.Jan@principal.com
711 High Street (800) 986-3343 [Phone]
Des Moines, IA 50392-0002 (515) 246-2491[FAX]

Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type: Life & Health
Des Moines, IA 50392-0002	Group Name:	State ID Number:
(800) 986-3343 ext. [Phone]	FEIN Number: 42-0127290	

Filing Fees

Fee Required? Yes

<i>SERFF Tracking Number:</i>	<i>PRLF-126151123</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Single Case Filing - STD - AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:			
Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	05/27/2009	28110145

SERFF Tracking Number:	PRLF-126151123	State:	Arkansas
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Company Tracking Number:			
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.002 Short Term
Product Name:	Single Case Filing - STD - AR		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2009	06/02/2009

<i>SERFF Tracking Number:</i>	<i>PRLF-126151123</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLF-126151123 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number: 42485

Company Tracking Number:

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Single Case Filing - STD - AR

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	PART I - DEFINITIONS	Approved-Closed	Yes
Form	PART II - POLICY ADMINISTRATION, Section B - Premiums	Approved-Closed	Yes
Form	PART IV - BENEFITS, Section B, Benefits Payable	Approved-Closed	Yes
Form	DESCRIPTION OF BENEFITS - Benefits Payable	Approved-Closed	Yes
Form	DEFINITIONS	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GC 4004-1 DIL-1

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GC 4004-1 DIL-1	Policy/Cont PART I - ract/Fratern DEFINITIONS al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gc 4004 dil Previous Filing #: PRLF-125595397		GC 4004-1 DIL-1.pdf
Approved-Closed	GC 4008 DIL-1	Policy/Cont PART II - POLICY ract/Fratern ADMINISTRATION, al Section B - Certificate: Premiums Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gc 4008 dil Previous Filing #: PRLF-125595397		GC 4008 DIL- 1.pdf
Approved-Closed	GC 4020 DIL-1	Policy/Cont PART IV - ract/Fratern BENEFITS, Section al B, Benefits Payable Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: gc 4020 dil Previous Filing #: PRLF-125595397		GC 4020 DIL- 1.pdf
Approved-Closed	GH 858 DIL-1	Certificate DESCRIPTION OF Amendmen BENEFITS - Benefits t, Insert Payable Page, Endorseme	Revised	Replaced Form #: gc 858 dil Previous Filing #: PRLF-125595397		GH 858 DIL- 1.pdf

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Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term
Product Name: Single Case Filing - STD - AR
Project Name/Number: /
nt or Rider

Approved- GH 867-1 Certificate DEFINITIONS Revised Replaced Form #: gc GH 867-1
Closed DIL-1 867 dil DIL-1.pdf
Previous Filing #:
PRLF-125595397

PART I - DEFINITIONS

When used in this Group Policy, the terms listed below will mean:

Active Work; Actively at Work (Effective 06/01/2006)

A Participant will be considered Actively at Work if he or she is able and available for active performance of all of his or her regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Active Work provided the Participant is able and available for active performance of all of his or her regular duties and was working the day immediately prior to the date of his or her absence.

Active Work; Actively at Work (Effective 05/01/2007)

A Participant will be considered Actively at Work if he or she is not terminated. Short term absence because of regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Active Work provided he or she is able and available for active performance of all of his or her regular duties and were working the day immediately prior to the date of his or her absence.

Benefit Payment Period

The period of time during which benefits are payable.

Current Earnings

A Participant's Weekly Earnings for each week he or she is Disabled. While Disabled, a Participant's Weekly Earnings may result from working for the Policyholder or any other employer.

Date of Issue

The date this Group Policy is placed in force: June 1, 2006.

Dependent

Any person who qualifies for benefits as a dependent under the Federal Social Security Act as a result of the Participant's Disability or retirement, whether or not residing in the Participant's home.

Disability; Disabled

A Participant will be considered Disabled if, solely and directly because of sickness, injury, or pregnancy, one of the following applies:

[1]

- a. The Participant cannot perform the majority of the Substantial and Material Duties of his or her Own Occupation.
- b. The Participant is performing the duties of his or her Own Occupation on a Modified Basis or any occupation and is unable to earn more than [80%] of his or her Predisability Earnings.

The loss of a professional or occupational license or certification does not, in itself, constitute a Disability.

Disability Due to Injury

A Disability that:

- a. occurs solely and directly because of an accidental injury; and
- b. begins within 30 days of the accident.

An accidental injury means an injury that is caused by an accident.

Disability Due to Sickness

A Disability that:

- a. occurs directly or indirectly because of disease, a Mental Health Condition, alcohol, drug or chemical abuse, dependency, or addiction; or
- b. is not a Disability Due to Injury as defined in this PART I.

Elimination Period

The period of time a Participant must be Disabled before benefits begin to accrue. An Elimination Period starts on the date a Participant is Disabled and must be satisfied for each period of Disability.

Generally Accepted

Treatment, service or medication that:

- a. has been accepted as the standard of practice according to the prevailing opinion among experts as shown by (or in) articles published in authoritative, peer-reviewed medical, and scientific literature; and
- b. is in general use in the medical community; and

- c. is not under continued scientific testing or research as a therapy for the particular sickness or injury which is the subject of the claim.

Group Policy

The policy of group insurance issued to the Policyholder by The Principal which describes benefits and provisions for insured Participants.

Hospital

An institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Income Loss Percentage

A Participant's Income Loss Percentage is equal to:

- a. the Participant's Predisability Earnings less any Current Earnings from the Participant's Own Occupation or any occupation; divided by
- b. the Participant's Predisability Earnings.

Insurance Month

Calendar Month.

Maximum Weekly Benefit

[2]

[\$500]

Mental Health Condition

Any condition which is:

- a. manifested by a psychiatric disturbance including, but not limited to, a biologically or chemically based disorder; and
- b. categorized in the current edition of the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders.

Conditions not considered a Mental Health Condition include:

- a. dementia; and

- b. organic brain syndrome; and
- c. delirium; and
- d. organic amnesia syndromes; and
- e. organic delusional or organic hallucinogenic syndromes.

Modified Basis

A Participant will be considered working on a Modified Basis if he or she is working on either a part-time basis or performing some but not all of the Substantial and Material Duties of the occupation on a full-time basis.

Other Income Sources

The weekly equivalent of:

- a. all disability payments for the month that the Participant and the Participant's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- b. for a Participant who has reached Social Security Normal Retirement Age or older, all retirement payments for the month that the Participant and the Participant's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- c. for a Participant who is less than Social Security Normal Retirement Age, all retirement payments for the month that the Participant and the Participant's Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- d. all payments for the month that the Participant receives from a permanent or temporary award or settlement under a Workers' Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and
- e. all payments for the month that the Participant receives (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder pays a part of the cost or makes payroll deductions for that coverage; and

- f. all payments for the month that the Participant receives or is eligible to receive under another group disability insurance policy; and
- g. all payments for the month that the Participant receives under any state disability plan; and
- h. all sick pay, salary continuance payments, personal time off, or severance pay, for the month that the Participant receives from the Policyholder; and
- i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that the Participant receives under a pension plan sponsored by the Policyholder. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and
- j. all payments for the month that the Participant receives for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted; and
- k. all renewal commissions for the month that the Participant receives from the Policyholder.

NOTE:

If any sick pay, salary continuance payments, personal time off, severance pay, or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments the Participant receives under the Federal Social Security Act or a pension plan which he or she had been receiving in addition to his or her Weekly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veteran's Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by a Participant for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other Income Source unless the Participant withdraws pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

If any income specified above is payable in a monthly payment, the weekly equivalent will be calculated by multiplying the monthly benefit by 12 and dividing by 52.

Own Occupation

The occupation the Participant is routinely performing for the Policyholder when his or her Disability begins.

Participant

Any full-time employee or part -time employee who has enrolled and works the required number of hours during each benefit quarter as determined by Dillard's accounting calendar.

Physician

- a. A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- b. any other licensed health care practitioner that state law requires be recognized as a Physician under this Group Policy, provided that the services provided by such person are within the lawful scope of his or her license.

The term Physician does not include the Participant, an employee of the Participant, a business or professional partner or associate of the Participant, any person who has a financial affiliation or business interest with the Participant, anyone related to the Participant by blood or marriage, or anyone living in the Participant's household.

Policy Anniversary

June 1, 2007, and the same day of each year.

Policyholder

The entity to whom this Group Policy is issued (see Title Page).

Predisability Earnings

A Participant's Weekly Earnings in effect prior to the date Disability begins.

Primary Benefit

[3] [60%] of a Participant's Predisability Earnings. The Primary Benefit will not exceed the Maximum Weekly Benefit of [\$500].

Prior Plan

The Group Short Term Disability coverage of either:

- a. the Policyholder; or

- b. a business entity which has been obtained by the Policyholder through a merger or acquisition;

for which this Group Policy is a replacement.

Proof of Good Health

Written evidence that a person is insurable under the underwriting standards of The Principal. This proof must be provided in a form satisfactory to The Principal.

Regular and Appropriate Care

A Participant will be considered to be receiving Regular and Appropriate Care if he or she:

- a. is evaluated in person by a Physician; and
- b. receives treatment appropriate for the condition causing the Disability; and
- c. undergoes evaluations and treatment that is provided by a Physician whose specialty is appropriate for the condition causing the Disability; and
- d. undergoes evaluations and treatment at a frequency intended to return the Participant to full time work; and
- e. pursues reasonable treatment options or recommendations to achieve maximum medical improvement.

The Principal may require the Participant to have his or her Physician provide a Written evaluation and treatment plan for the condition causing the Disability, which meets Generally Accepted medical standards and is satisfactory to The Principal.

The Principal may waive, in Writing to the Participant, the Regular and Appropriate Care requirement if it is determined by The Principal that continued care would be of no benefit to the Participant.

Signed or Signature

Any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by The Principal.

Social Security Normal Retirement Age (SSNRA)

Social Security Normal Retirement Age as defined by the Social Security Administration on the date Disabled.

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 - 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

Substantial and Material Duties

The essential tasks generally required by employers from those engaged in a particular occupation that cannot be modified or omitted.

Weekly Earnings

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, a Participant's basic weekly (or weekly equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions, bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for:

- a. the one calendar year period prior to the date Disability begins, if the Participant has been employed for at least one calendar year(s); or
- b. the completed weeks of employment prior to the date Disability begins, if the Participant has been employed for less than one calendar year(s).

For the purposes of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1,000.

**For hourly Participants moving to salaried status, a Participant's Weekly Earnings will be greater of the basic weekly wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership, Weekly Earnings on any date are based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar years(s), assuming the owner meets all eligibility requirements:

- a. The Participant's share (based on ownership or contractual agreement) of the gross revenue or income earned by the Policyholder, including income earned by the Participant and others under the Participant's supervision or direction; less
- b. The Participant's share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are deductible for Federal Income Tax purposes, and do not exceed the expenses before Disability began; plus
- c. The salary, benefits, and other forms of compensation which are payable to the Participant, and any contributions to a pension or profit sharing plan made on the Participant's behalf by the Policyholder.

Weekly Earnings do not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Written or Writing

A record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

PART II - POLICY ADMINISTRATION

Section B

Premiums

Article 1 - Payment Responsibility; Due Dates; Grace Period

The Policyholder is responsible for payment of all premium due while this Group Policy is in force. Payments must be sent to the designated payment center for The Principal in Des Moines, Iowa.

The first premium is due on the Date of Issue of this Group Policy. Each premium thereafter will be due on the first of each Insurance Month. Except for the first premium, a Grace Period of 60 days will be allowed for payment of premium. "Grace Period" means the first 60-day period following a premium due date. The Group Policy will remain in force until the end of the Grace Period, unless the Group Policy has been terminated by notice as described in this PART II, Section C. The Policyholder will be liable for payment of the premium for the time this Group Policy remains in force during the Grace Period.

Article 2 - Premium Rates

The premium rate will be \$0.60 for each \$10 of Benefit Payable for each Participant insured for Short Term Disability Insurance.

Article 3 - Premium Rates Changes

The Principal may change a premium rate on any of the following dates:

- a. on any premium due date, after the initial premium rate has then been in force three years or more and if Written notice is given to the Policyholder at least 31 days before the date of change. After the initial premium rate has been in force for three years, The Principal may change the premium rate on any due date if the rate has been in force for 12 months or more and if Written notice is given to the Policyholder at least 31 days before the date of change; or
- b. on any date the definition of Participant is changed; or
- c. on any date that the Benefit Payable or class of insured Participants is changed; or
- d. on any date a division, subsidiary, or affiliated company is added or terminated; or
- e. on any date the premium contribution required of Participants is changed; or

PART II - POLICY ADMINISTRATION

- f. on any Policy Anniversary, if the total covered Weekly Earnings for then insured Participants has increased or decreased by more than 25% since the last Policy Anniversary.

If the Policyholder agrees to participate in the electronic services program of The Principal and, at a later date elects to withdraw from participation, such withdrawal may result in certain administrative fees being charged to the Policyholder.

Article 4 - Premium Amount

The amount of premium to be paid on each due date will be the product of total Primary Benefit payable divided by ten multiplied by the premium rate then in effect.

To ensure accurate premium calculations, the Policyholder is responsible for reporting to The Principal, the following information during the stated time periods:

- a. Participants who are eligible to become insured are to be reported during the month prior to or during the month that coverage becomes effective.
- b. Participants whose coverage has terminated are to be reported within a month of the date coverage terminated.

If a Participant is added or a present Participant's Primary Benefit amount changes or terminates on other than the first of an Insurance Month, premium for that Participant will be adjusted and applied as if the change were to take place on the first of the next following Insurance Month.

Article 5 - Contributions from Participants

Participants are required to contribute a part of the premium for their insurance under this Group Policy.

PART II - POLICY ADMINISTRATION

PART IV – BENEFITS

Section B

Benefits Payable

Article 1 - If the Participant is not working during a period of Disability

The Benefit Payable to a Participant for each full week of a Benefit Payment Period will be the Participant's Primary Benefit less Other Income Sources.

Article 2 - If the Participant is working during a period of Disability

The Benefit Payable to a Participant for each full week of a Benefit Payment Period will be the lesser of:

- a. the Participant's Primary Benefit less Other Income Sources, multiplied by the Participant's Income Loss Percentage; or
- b. 100% of Predisability Earnings less Other Income Sources, less Current Earnings from his or her Own Occupation or any occupation.

Primary Benefit

[60%] of a Participant's Predisability Earnings. The Primary Benefit will not exceed the Maximum Weekly Benefit of [\$500].

Predisability Earnings

A Participant's Weekly Earnings in effect prior to the date Disability begins.

Income Loss Percentage

A Participant's Income Loss Percentage is equal to:

- a. the Participant's Predisability Earnings less any Current Earnings from the Participant's Own Occupation or any occupation; divided by
- b. the Participant's Predisability Earnings.

PART IV - BENEFITS

Current Earnings

A Participant's Weekly Earnings for each week he or she is Disabled. While Disabled, a Participant's Weekly Earnings may result from working for the Policyholder or any other employer.

Weekly Earnings

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, a Participant's basic weekly (or weekly equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions, bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for

- a the one calendar year period prior to the date Disability begins, if the Participant has been . employed for at least one calendar year(s); or
- b the completed weeks of employment prior to the date Disability begins, if the Participant . has been employed for less than one calendar year(s).

For the purposes of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1,000.

**For hourly Participants moving to salaried status, a Participant's Weekly Earnings will be greater of the basic weekly wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership, Weekly Earnings on any date are based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar years(s), assuming the owner meets all eligibility requirements:

- a The Participant's share (based on ownership or contractual agreement) of the gross revenue . or income earned by the Policyholder, including income earned by the Participant and others under the Participant's supervision or direction; less
- b The Participant's share (based on ownership or contractual agreement) of the usual and . customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are

PART IV - BENEFITS

deductible for Federal Income Tax purposes, and do not exceed the expenses before Disability began; plus

- c. The salary, benefits, and other forms of compensation which are payable to the Participant, and any contributions to a pension or profit sharing plan made on the Participant's behalf by the Policyholder.

Weekly Earnings do not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Other Income Sources

The weekly equivalent of:

- a. all disability payments for the month that the Participant and the Participant's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- b. for a Participant who has reached Social Security Normal Retirement Age or older, all retirement payments for the month that the Participant and the Participant's Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- c. for a Participant who is less than Social Security Normal Retirement Age, all retirement payments for the month that the Participant and the Participant's Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- d. all payments for the month that the Participant receives from a permanent or temporary award or settlement under a Workers' Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and
- e. all payments for the month that the Participant receives (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder pays a part of the cost or makes payroll deductions for that coverage; and
- f. all payments for the month that the Participant receives or is eligible to receive under another group disability insurance policy; and

PART IV - BENEFITS

- g. all payments for the month that the Participant receives under any state disability plan; and
- h. all sick pay, salary continuance payments, personal time off, or severance pay, for the month that the Participant receives from the Policyholder; and
- i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that the Participant receives under a pension plan sponsored by the Policyholder. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and
- j. all payments for the month that the Participant receives for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted; and
- k. all renewal commissions for the month that the Participant receives from the Policyholder.

NOTE: If any sick pay, salary continuance payments, personal time off, severance pay, or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments the Participant receives under the Federal Social Security Act or a pension plan which he or she had been receiving in addition to his or her Weekly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veteran's Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by a Participant for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other Income Source unless the Participant withdraws pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

PART IV - BENEFITS

If any income specified above is payable in a monthly payment, the weekly equivalent will be calculated by multiplying the monthly benefit by 12 and dividing by 52.

Article 3 - Minimum Weekly Benefit

[5]

In no event will the weekly Benefit Payable be less than [\$15] for each full week of a Benefit Payment Period, except that The Principal will have the right to reduce the Minimum Weekly Benefit by any prior benefit overpayment. The Benefit Payable for each day of any part of a Benefit Payment Period that is less than a full week will be the weekly benefit divided by [seven].

PART IV - BENEFITS

DESCRIPTION OF BENEFITS

Benefits Payable

If you are not working during a period of Disability

Your Benefit Payable for each full week of a Benefit Payment Period will be your Primary Benefit less Other Income Sources.

If you are working during a period of Disability

Your work incentive Benefit Payable for each full week of a Benefit Payment Period will be the lesser of:

- a. Your Primary Benefit less Other Income Sources, multiplied by your Income Loss Percentage; or
- b. 100% of Predisability Earnings less Other Income Sources, less Current Earnings from your Own Occupation or any occupation.

Primary Benefit

[60%] of your Predisability Earnings. The Primary Benefit will not exceed the Maximum Weekly Benefit of [\$500].

Predisability Earnings

Your Weekly Earnings in effect prior to the date Disability begins.

Income Loss Percentage

Your Income Loss is equal to:

- a. your Predisability Earnings less any Current Earnings from your Own Occupation or any occupation; divided by
- b. your Predisability Earnings.

Current Earnings

Your Weekly Earnings for each week you are Disabled. While Disabled, your Weekly Earnings may result from working for the Policyholder or any other employer.

Weekly Earnings

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, your basic weekly (or weekly equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions, bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements, and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for:

- a. the one calendar year period prior to the date Disability begins, if you have been employed for at least one calendar year(s); or
- b. the completed weeks of employment prior to the date Disability begins, if you have been employed for less than one calendar year(s).

For the purposes of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1,000.

**For hourly Participants moving to salaried status, your Weekly Earnings will be greater of the basic weekly wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of a sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership, Weekly Earnings on any date are based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar year(s), assuming the owner meets all eligibility requirements:

- a. Your share (based on ownership or contractual agreement) of the gross revenue or income earned by the Policyholder, including income earned by you and others under your supervision or direction; less
- b. Your share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are deductible for Federal Income Tax purposes, and do not exceed the expenses before Disability began; plus
- c. The salary, benefits, and other forms of compensation which are payable to you, and any contributions to a pension or profit sharing plan made on your behalf by the Policyholder.

Weekly Earnings do not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Other Income Sources

The weekly equivalent of:

- a. all disability payments for the month that you and your Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- b. if you have reached Social Security Normal Retirement Age or older, all retirement payments for the month that you and your Dependents receive or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- c. if you are less than Social Security Normal Retirement Age, all retirement payments for the month that you and your Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- d. all payments for the month that you receive from a permanent or temporary award or settlement under a Worker's Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and
- e. all payments for the month that you receive (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder pays a part of the cost or makes payroll deductions for that coverage; and
- f. all payments for the month that you receive or are eligible to receive under another group disability insurance policy; and
- g. all payments for the month that you receive under any state disability plan; and
- h. all sick pay, salary continuance payments, personal time off, or severance pay, for the month that you receive from the Policyholder; and
- i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that you receive under a pension

plan sponsored by the Policyholder. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and

j. all payments for the month that you receive for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault law will not be counted; and

k. all renewal commissions for the month that you receive from the Policyholder.

NOTE: If any sick pay, salary continuance payments, personal time off, severance pay, or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments you receive under the Federal Social Security Act or a pension plan which you had been receiving in addition to your Weekly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veterans Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by you for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other Income Source unless you withdraw pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

If any income specified above is payable in a monthly payment, the weekly equivalent will be calculated by multiplying the monthly benefit by 12 and dividing by 52.

Minimum Weekly Benefit

In no event will the weekly Benefit Payable be less than [\$15] for each full week of a Benefit Payment Period, except that Principal Life will have the right to reduce the Minimum Weekly Benefit by any prior benefit overpayment. The Benefit Payable for each day of any part of a Benefit Payment Period that is less than a full week will be the weekly benefit divided by [seven].

DEFINITIONS

Several words and phrases used to describe your insurance are capitalized whenever they are used in this booklet-certificate. These words and phrases have special meanings as explained in this section.

Active Work; Actively at Work (Effective 06/01/2006)

You are considered Actively at Work if you are able and available for active performance of all your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Active Work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of his or her absence.

Active Work; Actively at Work (Effective 05/01/2007)

You are considered Actively at Work if your coverage is not terminated. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Active Work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

Benefit Payment Period

The period of time during which benefits are payable.

Current Earnings

Your Weekly Earnings for each week you are Disabled. While Disabled, your Weekly Earnings may result from working for the Policyholder or any other employer.

Dependent

Any person who qualifies for benefits as a dependent under the Federal Social Security Act as a result of your Disability or retirement, whether or not residing in your home.

Disability; Disabled

You will be considered Disabled if, solely and directly because of sickness, injury, or pregnancy, one of the following applies:

- a. You cannot perform the majority of the Substantial and Material Duties of your Own Occupation.
- b. You are performing the duties of your Own Occupation on a Modified Basis or any occupation and are unable to earn more than [80%] of your Predisability Earnings.

The loss of a professional or occupational license or certification does not, in itself, constitute a Disability.

Disability Due to Injury

A Disability that:

- a. occurs solely and directly because of an accidental injury; and
- b. begins within 30 days of the accident.

An accidental injury means an injury that is caused by an accident.

Disability Due to Sickness

A Disability that:

- a. occurs directly or indirectly because of disease, a Mental Health Condition, alcohol, drug or chemical abuse, dependency, or addiction; or
- b. is not a Disability Due to Injury as defined in this booklet-certificate.

Elimination Period

The period of time you must be Disabled before benefits begin to accrue. An Elimination Period starts on the date you are Disabled and must be satisfied for each period of Disability.

Generally Accepted

Treatment, service or medication that:

- a. has been accepted as the standard of practice according to the prevailing opinion among experts as shown by (or in) articles published in authoritative, peer-reviewed medical, and scientific literature; and
- b. is in general use in the medical community; and
- c. is not under continued scientific testing or research as a therapy for the particular sickness or injury which is the subject of the claim.

Group Policy

The policy of group insurance issued to the Policyholder by Principal Life which describes benefits and provisions for insured Participants.

Hospital

An institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Income Loss Percentage

Your Income Loss Percentage is equal to:

- a. your Predisability Earnings less any Current Earnings from your Own Occupation or any occupation; divided by
- b. your Predisability Earnings.

Insurance Month

Calendar month.

Maximum Weekly Benefit

[\$500]

Mental Health Condition

Any condition which is:

- a. manifested by a psychiatric disturbance including, but not limited to, a biologically or chemically based disorder; and
- b. categorized in the current edition of American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders.

Conditions not considered a Mental Health Condition include:

- a. dementia; and
- b. organic brain syndrome; and
- c. delirium; and

- d. organic amnesia syndromes; and
- e. organic delusional or organic hallucinogenic syndromes.

Modified Basis

You will be considered working on a Modified Basis if you are working on either a part-time basis or performing some but not all of the Substantial and Material Duties of the occupation on a full-time basis.

Other Income Sources

The Weekly equivalent of:

- a. all disability payments for the month that you and your Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- b. for a Participant who has reached Social Security Normal Retirement Age or older, all retirement payments for the month that you and your Dependents receive (or would have received if complete and timely application had been made) under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- c. for a Participant who is less than Social Security Normal Retirement Age, all retirement payments for the month that you and your Dependents receive under the Federal Social Security Act, Railroad Retirement Act, or any similar act of any federal, state, provincial, municipal, or other governmental agency; and
- d. all payments for the month that you receive from a permanent or temporary award or settlement under a Workers' Compensation Act, or other similar law, whether or not liability is admitted. Payments that are specifically set out in an award or settlement as medical benefits, rehabilitation benefits, income benefits for fatal injuries or income benefits for scheduled injuries involving loss or loss of use of specific body members will not be considered an Other Income Source; and
- e. all payments for the month that you receive (or would have received if complete and timely application had been made) under a policy that provides benefits for loss of time from work, if the Policyholder pays a part of the cost or makes payroll deductions for that coverage; and
- f. all payments for the month that you receive or are eligible to receive under another group disability insurance policy; and

- g. all payments for the month that you receive under any state disability plan; and
- h. all sick pay, salary continuance payments, personal time off, or severance pay, for the month that you receive from the Policyholder; and
- i. all retirement payments attributable to employer contributions and all disability payments attributable to employer contributions for the month that you receive under a pension plan sponsored by the Policyholder. A pension plan is a defined benefit plan or defined contribution plan providing disability or retirement benefits for employees. A pension plan does not include a profit sharing plan, a thrift savings plan, a nonqualified deferred compensation plan, a plan under Internal Revenue Code Section 401(k) or 457, an Individual Retirement Account (IRA), a Tax Deferred Sheltered Annuity (TSA) under Internal Revenue Code Section 403(b), a stock ownership plan, or a Keogh (HR-10) plan with respect to partners; and
- j. all payments for the month that you receive for loss of income under no-fault auto laws. Supplemental disability benefits purchased under a no-fault auto law will not be counted; and
- k. all renewal commissions for the month that you receive from the Policyholder.

NOTE:

If any sick pay, salary continuance payments, personal time off, severance pay, or loss of time from work payments specified above are attributable to individual disability insurance policies, the payments will not be considered an Other Income Source.

Any retirement payments you receive under the Federal Social Security Act or a pension plan which you had been receiving in addition to your Weekly Earnings prior to a claim for Disability, will not be considered an Other Income Source.

Military or Veterans Administration disability or retirement payments will not be considered an Other Income Source.

After the initial deduction for each of the Other Income Sources, benefits will not be further reduced due to any cost of living increases payable under the above stated sources.

Withdrawal of pension plan benefits by you for the purpose of placing the benefits in a subsequent pension plan or a deferred compensation plan will not be considered an Other Income Source unless you withdraw pension benefits from the subsequent pension plan or defined compensation plan due to disability or retirement.

If any income specified above is payable in a monthly payment, the weekly equivalent will be calculated by multiplying the monthly benefit by 12 and dividing by 52.

Own Occupation

The occupation you are routinely performing for the Policyholder when your Disability begins.

Participant

A Participant is any full-time employee or part-time employee who has enrolled and works the required number of hours during each benefit quarter as determined by Dillard's accounting calendar.

Physician

- a. a licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- b. any other licensed health care practitioner that state law requires be recognized as a Physician under the Group Policy, provided that the services provided by such person are within the lawful scope of his or her license.

The term Physician does not include you, one of your employees, your business or professional partner or associate, any person who has a financial affiliation or business interest with you, anyone related to you by blood or marriage, or anyone living in your household.

Policyholder

DILLARD'S, INC. FLEXIBLE BENEFIT PLAN.

Predisability Earnings

Your Weekly Earnings in effect prior to the date Disability begins.

Primary Benefit

[60%] of your Predisability Earnings. The Primary Benefit will not exceed the Maximum Weekly Benefit of [\$500].

Proof of Good Health

Written evidence that a person is insurable under Principal Life underwriting standards. This proof must be provided in a form satisfactory to Principal Life.

Regular and Appropriate Care

You will be considered to be receiving Regular and Appropriate Care if you:

- a. are evaluated in person by a Physician; and

- b. receive treatment appropriate for the condition causing the Disability; and
- c. undergo evaluations and treatment that is provided by a Physician whose specialty is appropriate for the condition causing the Disability; and
- d. undergo evaluations and treatment at a frequency intended to return you to full time work; and
- e. pursue reasonable treatment options or recommendations to achieve maximum medical improvement.

Principal Life may require you to have your Physician provide a Written evaluation and treatment plan for the condition causing the Disability, which meets Generally Accepted medical standards and is satisfactory to Principal Life.

Principal Life may waive, in Writing to you, the Regular and Appropriate Care requirement if it is determined by Principal Life that continued care would be of no benefit to you.

Signed or Signature

Any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law and is agreed to by Principal Life.

Social Security Normal Retirement Age (SSNRA)

Social Security Normal Retirement Age as defined by the Social Security Administration on the date Disabled.

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

Substantial and Material Duties

The essential tasks generally required by employers from those engaged in a particular occupation that cannot be modified or omitted.

Weekly Earnings

For Participants with no ownership interest in the business entity of the Policyholder:

On any date, your basic weekly (or weekly equivalent) wage then in force, as established by the Policyholder. Basic wage does not include tips, differential pay, housing and/or car allowance, or *overtime pay. Basic wage does include commissions and bonuses, or any deferred earnings under a qualified deferred compensation plan, such as contributions to Internal Revenue Code Section 401(k), 403(b), or 457 deferred compensation arrangements, and any amount of voluntary earnings reduction under a qualified Section 125 Cafeteria Plan.

Commissions and bonuses will be averaged for:

- a. the one calendar year period prior to the date Disability begins, if you have been employed for at least one calendar year(s); or
- b. the completed weeks of employment prior to the date Disability begins, if you have been employed for less than one calendar year(s).

For the purposes of benefit calculation and premium remittance, this amount will be rounded (up for life and down for STD and LTD) to the next (higher or lower) \$1,000.

**For hourly Participants moving to salaried status, your Weekly Earnings will be greater of the basic weekly wage in force as an hourly Participant (including overtime), or a salaried Participant (excluding overtime).*

For Participants with ownership interest in the business entity of the Policyholder, such as an owner of a sole proprietorship, a partner in a partnership, a shareholder of a corporation or subchapter S-corporation, or a member of a limited liability company or limited liability partnership, Weekly Earnings on any date are based on an average of the following earnings as reported for Federal Income Tax purposes for the last two calendar year(s), assuming the owner meets all eligibility requirements:

- a. Your share (based on ownership or contractual agreement) of the gross revenue or income earned by the Policyholder, including income earned by you and others under your supervision or direction; less
- b. Your share (based on ownership or contractual agreement) of the usual and customary unreimbursed business expenses of the Policyholder which are incurred on a regular basis, are essential to the established business operation of the Policyholder, are deductible for

Federal Income Tax purposes, and do not exceed the expenses before Disability began;
plus

- c. The salary, benefits, and other forms of compensation which are payable to you, and any contributions to a pension or profit sharing plan made on your behalf by the Policyholder.

Weekly Earnings do not include any form of unearned income such as dividends, rent, interest, capital gains, income received from any form of deferred compensation, retirement, pension plan, income from royalties, or disability benefits.

Written or Writing

A record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

<i>SERFF Tracking Number:</i>	<i>PRLF-126151123</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42485</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Single Case Filing - STD - AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRLF-126151123 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number: 42485
Company Tracking Number:
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term
Product Name: Single Case Filing - STD - AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 06/02/2009
Comments:
Attachment:
Readability Cert.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 06/02/2009
Comments:
Included in filing PRLF- 125595397 and previously approved on 6-9-08
Attachment:
GP56002.pdf

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

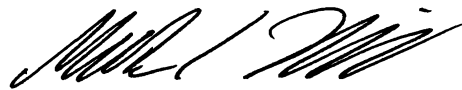
CERTIFICATION OF READABILITY

I, Mark L. Hill, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GC 4004-1 DIL-1, GC 4008 DIL-1, GC 4020 DIL-1	Group Short Term Disability Policy Forms	52.4
GH 858 DIL- 1, GH 867-1 DIL-1	Group Term Short Term Disability Booklet-Certificate Forms	47.2

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Mark L. Hill, Director
Group Life and Health Compliance

May 27, 2009 _____
Date

12/1999





Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Health Statement
for Self Administered Plans

Account Number / Unit Number H35922

Employer to Complete This Section: After completing make a copy of Page 1 for your records before you give the form to your employee.

Employer name

Dillard's, Inc.

Direct all employer's correspondence regarding this statement to:

Name

Benefits Department

Address (street)

1600 Cantrell Road

City

State

ZIP code

Phone

Little Rock

AR

72201

(501) 376-5933

Employee's name

AIN number

Date of hire

Annual salary

\$

Effective date as per contractual provisions

open enrollment – effective date June 1st

This statement is: (place a "(√)" in each box that applies)

for employee

add new coverages

increase in current coverages

for dependent(s)

late

Please check the coverages (**and indicate the new amount or increase in amount**) being applied for at this time. See your benefit plan/contract for proof of good health rules that apply to your plan.

	Current	Requested amount
basic life	\$ _____	\$ _____
voluntary term life (employee)	\$ _____	\$ _____
voluntary term life (spouse)	\$ _____	\$ _____
voluntary term life (child)	\$ _____	\$ _____
short term disability	\$ <u>Based on Annual Earnings</u>	\$ <u>Based on Annual Earnings</u>
long term disability	\$ <u>Based on Annual Earnings</u>	\$ <u>Based on Annual Earnings</u>

Employee to Complete This Section**120-0**

Your name (last, first, middle initial)				Home phone number	
Home address (street)					
City		State		ZIP code	
Date of birth		Are you married?		Date of marriage	
male female		yes no			
Name of spouse				Spouse's date of birth	

This statement is for:

myself

my spouse

my children

Name of each dependent child applying for coverage (last, first, middle initial)	Sex	Date of birth	Full-time student	Foster/step child*	Disabled or handicapped* child
1.					
2.					
3.					
4.					

Are additional children listed on separate page? yes Please sign and date all pages.

* Foster and stepchildren, eligibility is determined by employer. For disabled, handicapped children, complete the appropriate form.

Health Information for All Coverages Being Applied for

Answer only for those individuals requesting coverage. To prevent delays answer each question and give full details to "yes" answers. All statements and descriptions on this form shall be deemed to be representations and not warranties.

Employee's height ____ ft. ____ in. weight ____ lbs. Spouse's height ____ ft. ____ in. weight ____ lbs.

1.	yes	no	Is any person on whom coverage is requested currently using tobacco products, including cigarette, pipe, cigar or chewing tobacco? If so, how long? _____ Which applicant(s)? _____
2.	yes	no	Is any person on whom coverage is requested currently receiving medical treatment, taking medication, or pregnant?
3.	yes	no	In the past 5 years , has any person on whom coverage is requested had surgery, been hospitalized or consulted with a doctor, had blood or other diagnostic tests (other than for HIV antibody), or been advised to receive medical treatment?
4.	yes	no	In the past 5 years , has any person on whom coverage is requested been diagnosed with or received treatment for any of the following (check all that apply)? <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;">cancer</div> <div style="width: 25%;">liver disorder</div> <div style="width: 25%;">bone disorder</div> <div style="width: 25%;">mental disorder</div> <div style="width: 25%;">tumors</div> <div style="width: 25%;">kidney disorder</div> <div style="width: 25%;">joint disorder</div> <div style="width: 25%;">nervous disorder</div> <div style="width: 25%;">heart condition</div> <div style="width: 25%;">muscle disorder</div> <div style="width: 25%;">urinary disorder</div> <div style="width: 25%;">diabetes</div> <div style="width: 25%;">high blood pressure</div> <div style="width: 25%;">multiple sclerosis/ neurological disorder</div> <div style="width: 25%;">respiratory disorder</div> <div style="width: 25%;">hepatitis</div> <div style="width: 25%;">stroke</div> </div>
5.	yes	no	In the past 10 years , has any person on whom coverage is requested been treated for, diagnosed as having or tested positive for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other immune disorder?

Health Information for All Coverages Being Applied for (continued)**120-0**

Provide details for all "yes" answers. If more space is needed, attach a separate page giving full details. Sign and date all pages.

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

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Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life Insurance Company is not liable for anyone's claim which happens or begins before the effective date of coverage or approval of any life and disability coverage.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause life and disability coverages, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I understand all policy provisions for medical coverage will apply. If approved for life and disability coverages, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an agent cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- For life and disability coverages, I authorize any doctor, health care provider, hospital, clinic or medically related facility, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents and employees performing business transactions, any such data.

Authorization, Acknowledgment, and Signatures (continued)**120-0**

- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date shown below. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for life and disability coverage. This information will not be used for any purposes prohibited by law.

Employee's signature

Date signed

Spouse's signature*

Date signed

*Spouse signature only required if Voluntary Term Life coverage is elected.

Notice of Information Practices for Life and Disability Coverages

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life. We will do this by having you complete this Health Statement. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse, (b) employer, (c) medical professionals or institutions, and (d) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, and (d) the employer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Medical Underwriting, Principal Life Insurance Company, Des Moines, IA 50392-0432.

Instructions for Employee

After this form is completed and signed, send original to Principal Life Insurance Company, Des Moines, IA 50392-0002, and make a copy for your records.